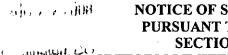
FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

1427881				
OMB AP	PROVAL			
OMB Number:	3235-0076			
Expires: August 30, 2008				
Estimated average burden				
hours per response16.00				
SEC USE ONLY				
Prefix	Serial			
1				
DATE RECEIVED				

Name of Offering (check if this is an ar	nendment and name has changed, and	l indicate change.)		
Sale of Series A Preferred Stock (an	<u> </u>	- ·		
Filing Under (Check box(es) that apply):		*	Section 4(6)	☐ ULOE
Type of Filing: New Filing				
	A. BASIC IDE	NTIFICATION DATA		
1. Enter the information requested about t	ne issuer.			
Name of Issuer (check if this is an ame	ndment and name has changed, and in	ndicate change.)		
Howcast Media, Inc.				
Address of Executive Offices	(Number and	Street, City, State, Zip Code)	Telephone Numbe	r (Including Area Code
518 Broadway, Suite 2, New York, I	VY 10012		212.625.2919	
Address of Principal Business Operations (if different from Executive Offices)	PPOCESSED (Number and	Street, City, State, Zip Code)	Telephone Numbe	r (Including Area Code)
same as above	PROCESSED		same as above	
Brief Description of Business	SEP 042008 Z			
Internet how-to videos				COLUMN TO THE STATE OF THE STAT
Type of Business Organization	THOMSON REUTERS			
	limited partnership, already for	med 🔲 othe	r (please specify):	
business trust	limited partnership, to be form	ed.		08059035
	Mont	<u> </u>		08052000
Actual or Estimated Date of Incorporation	<u> </u>		Actual	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State: Ch for Consider FM for other foreign installation)				
CN for Canada; FN for other foreign jurisdiction) D E				

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

	A. BASIC IDENTI	FICATION DATA		
Enter the information requested for the foll Each promoter of the issuer, if the issuer l Each beneficial owner having the power t Each executive officer and director of cor Each general and managing partner of partners.	has been organized within the pa o vote or dispose, or direct the v porate issuers and of corporate g	ote or disposition of, 10% or i		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)		7 1		
Liebman, Darlene				
Business or Residence Address (Number and School Howcast Media, Inc., 518 Broadway, Sui	• • •			
Check Box(es) that Apply: Promoter	Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if individual) Liebman, Jason				
Business or Residence Address (Number and S	Street, City, State, Zip Code)			
c/o Howcast Media, Inc., 518 Broadway, Sui	ite 2, New York, NY 10012			
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Law, Kevin				
Business or Residence Address (Number and S c/o The Tudor BVI Global Portfolio Group				
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
The Tudor BVI Global Portfolio Group L.P	•			
Business or Residence Address (Number and S	Street, City, State, Zip Code)			
1275 King Street, Greenwich, CT 06831				
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		-		
Business or Residence Address (Number and S	Street, City, State, Zip Code)			
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

■ Beneficial Owner

■ Executive Officer

□ Director

Check Box(es) that Apply:

Full Name (Last name first, if individual)

General and/or
Managing Partner

				B, II	NFORMAT	TION ABO	UT OFFE	RING				
1. Has the	issuer solo	l, or does the	e issuer inte	-				_			Yes	No 🗵
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?									¢.	-1-		
2. What is	s die ininim	um mvestm	cht uiat Wil	i oe accept	ca from any	inurvidua)	l f	*******************		••••••••••	Yes	n/a No
3. Does th	ne offering	permit joint	ownership	of a single	unit?	•••••		***************************************				\boxtimes
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.								es in the EC and/or				
Full Name (Last name	first, if indiv	ridual)									
Business or	Residence	Address (Nu	imber and S	Street, City	, State, Zip	Code)		••				
Name of As	sociated Br	oker or Dea	ler				* ***,*****.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Listed Has check indivi			Solicit Pur All Stat							
[AL]	[AK]	[AZ]	[AR]	S). [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (Last name	first, if indiv	/idual)				·					
Business or	Residence	Address (Nu	imber and S	Street, City	, State, Zip	Code)		· ***** =				
Name of As	sociated Br	oker or Dea	ler .									
		Listed Has										
(Check All	[AK]	check indivi [AZ]	AR]	(CA]	All Stat [CO]	es [CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[TU]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (Last name	first, if indiv	/idual)									
Business or	Residence	Address (Nu	ımber and S	Street, City	, State, Zip	Code)						
Name of As	sociated Br	oker or Dea	ler			-						
(Check "All	States" or	Listed Has check indivi	iduals State	s)	All Stat	es						
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS		
l.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	An	nount Already Sold
	Debt	\$0.00	\$_	0.00
	Equity	\$ 10,049,999.41	S _	10,049,999.41
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$0.00	\$_	0.00
	Partnership Interests	\$ 0.00	\$	0.00
	Other (Specify)	\$ 0.00	_	0.00
	Total	\$ 10,049,999.41	_	·
	Answer also in Appendix, Column 3, if filing under ULOE.	10,012,222.11	Ť -	10,012,022,111
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		ollar Amount of Purchase
	Accredited Investors	13	_	10,049,999.41
	Non-accredited Investors	0	\$_	0.00
	Total (for filings under Rule 504 only)	0	\$_	0.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	f ·		
	Type of Offering	Type of Security	Do	ollar Amount Sold
	Rule 505	n/a	\$	0.00
	Regulation A	n/a	\$	0.00
	Rule 504	n/a	\$	0.00
	Total	a	*	
	1041		³	0.00
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish ar estimate and check the box to the left of the estimate.	1		
	Transfer Agent's Fees		\$_	0.00
	Printing and Engraving Costs		\$	0.00
	Legal Fees	\boxtimes	\$ -	35,000.00
	Accounting Fees.		\$_	0.00
	Engineering Fees.		\$	0.00
	Sales Commissions (specify finders' fees separately)		\$_	0.00
	Other Expenses (identify)		\$ _	0.00
	Total	⋈	s	35,000,00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF F	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ <u>10,014,999.41</u>
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	□ \$ <u>0.00</u>	5 0.00
	Purchase of real estate.		S 0.00
	Purchase, rental or leasing and installation of machinery and equipment	\$0.00	□ \$ <u>0.00</u>
	Construction or leasing of plant buildings and facilities	□ \$ <u>0.00</u>	\$ 0.00
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$ <u>0.00</u>	□ \$ <u>0.00</u>
	Repayment of indebtedness	🖄 \$ <u>2,999,999.70</u>	⊠ \$0.00
	Working capital	\$0.00	⊠ \$ 7,049,999.71
	Other (specify):	□ \$ <u>0.00</u>	0.00
വ	umn Totals	⊠ \$ 2 999 999 7n	⊠ \$ 7 049 999 71

Total Payments Listed (column totals added).....

			URE	

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
Howcast Media, Inc.		8-21-08
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Jason Liebman	Chief Executive Officer	

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18. U.S.C. 1001.)

